



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Lyons	Timothy	L	(808) 537-4308
MAILING ADDRESS (Street)			FAX
820 Mililani St., Ste. 810			(808) 533-2739
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813-2938	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
The Legislative Center			(808) 537-4308
MAILING ADDRESS (Street)			FAX
820 Mililani St., Ste. 810			(808) 533-2739
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813-2938	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
Hawaii Society of Certified Public Accountants	(808) 537-9475	
MAILING ADDRESS (Street)	FAX	
P.O. Box 1754	(808) 537-3520	
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96806
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Kathy Castillo	(808) 537-9475	
MAILING ADDRESS (Street)	FAX	
P.O. Box 1764	(808) 537-3520	
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96806

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Agriculture | <input checked="" type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operation & Finance | <input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Kathy Castillo

NAME OF ORGANIZATION (if applicable)

TELEPHONE

Hawaii Society of Certified Public Accounts

(808) 537-9475

MAILING ADDRESS (Street)

FAX

P.O. Box 1754

(808) 537-3520

(City)

(State)

(Zip Code)

Honolulu

Hawaii

96806

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

(Date)